

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE						
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			*		*		*		
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
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49							99							
50							100							
TOTAL IND.							TOTAL IND.		TOTAL IND.		TOTAL IND.		TOTAL IND.	
TOTAL DEP.							TOTAL DEP.		TOTAL DEP.		TOTAL DEP.		TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS	